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FEC FORM 3X

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FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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Rev. 12/2004

			Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼ Example over the	: If typing, type 12FE4	IM5
HEARTLAND RESURGENCE			
ADDRESS (number and street) ☐	ole, 1,4, C,L,A,Y,T,D,N	R, D ₁	
Check ii dillerent -	N.D. 1.4.3		
than previously reported. (ACC)	S.T. LOUIS	M _I D	<u>\(\begin{aligned} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>
2. FEC IDENTIFICATION NUM	BER ▼ CITY ▲	STATE A	ZIP CODE A
3. IS THIS NEW OR (A) REPORT (N) OR (A)			
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (M2) Report Due On:		Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)		Sep 20 (M9) Dec 20 (M12) (Non-Election Year Conty)
April 15 Quarterly Report (Q1)	(c) 12-Day Prim		Oct 20 (M10)
July 15 Quarterly Report (Q2)	PRE-Election		cial (12S)
October 15 Quarterly Report (Q3)	· <u>-</u>		
January 31 Year-End Report (YE)	Election on		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Gen Report for the:	eral (30G) Run	off (30R) Special (30S)
Termination Report (TER)			in the State of
5. Covering Period	01 2013	rough 12	1 2013
I certify that I have examined this Report and to the best of my knowledge and belief it is true, beliect and complete.			
Type or Print Name of Treasurer ARON M. WILLARD			
Signature of Treasurer	from M Weller	Date	01 28 2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.			
Office			FEC FORM 3X